

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 22 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Union
City La Grange, Mo.

Registration District No. 480
Primary Registration District No. 5645

File No. 30408-2
Registered No. 18
St. La Grange, Mo. Ward 1

2. FULL NAME Margaret C. Baker

(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15th 1841

7. AGE YEARS 88 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House, Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hampshire County, Va.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James A. Tate
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hampshire County, Va.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Harsell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hampshire County, Va.
(STATE OR COUNTRY)

14. INFORMANT Ed, Scott
(Address) La Grange, Mo.

15. FILED 9/12, 1930 W. B. E. H. C. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20th 1930
17.

I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1930, to Sept 20th, 1930, that I last saw h. e. alive on Sept 20th, 1930, and that death occurred, on the date stated above, at 6.40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

194 P.
Coronary Failure
(duration) 2 yrs. mos. ds.
CONTRIBUTORY Fracture of R. hip
(SECONDARY) (duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Chronic Symptoms
(Signed) Dr. E. E. Galt, M. D. C.
, 19 (Address) La Grange, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethel DATE OF BURIAL Sep 22 1930
20. UNDERTAKER A. A. Roberts. ADDRESS La Grange, Mo.

